## LOBBYIST ANNUAL REPORT FORM



## State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2 LOBE

LOBBYISTS (Sec. 67-6619)

04 JAN 29 PM 1: 15

SECRETARY OF STATE STATE OF IDAHO

	See instructions	at bottom of page				31	/A1 L. VI	WAIL	J		
Lobbyist's name and permanent business address						Date prepared Period covered					
	en J. Hippler INS PURSLEY LLP					1/23/03	3		year endir	ıg	
P.O. Box 2720								(Mo.	) (Day)	(Yr.)	
Boise	e, ID 83701							12	31	03	
Item 1	Totals of all reportab	ole expenditures made o	r incurred	by Lobby	ist or by	Lobbyist's Empl	oyer on beha	lf of Lobb	yist's Emplo	yer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		Total Expenditure	Proportionate amount		ts contributed by each employer (Identify employers, under f page.)						
	Do Not Have to be Reported  Intertainment bod and Refreshment living Accommodations		Employer No. 1		1	Employer No. 2	Employer No. 3		Employer No. 4		
		\$0.00	s	0.00	) s_		\$		\$		
Living A	Accommodations	0.00			_   _						
Adverti	sing	0.00			_   _						
Travel	-	0.00	-		-   -						
Telepho	one	0.00			_						
-	Expenses	0.00				· · · · · · · · · · · · · · · · · · ·					
Other Expenses or Services		0.00			-   -						
-	Total	s0.00	\$	0.00	) \$_	0.00	s	0.00	s	0.00	
Item	The totals of each expend	iture of more than fifty	dollars (\$5	50) for a le	gislator	or other holder o	f public offic	e.			
2	Date	Place		Amo	ount	Names o	f Legislators &	& Public Of	ficials in Grou	ıp	
	Continued on attached page(s)							i se di se d			
INSTRUCTIONS					Item 3	En	Employer(s) Name(s) and Address(es)				
67-6617 Idaho Code  Filing deadline: Annual report is due on January 31st.					No. 1 Idaho Sleep Disorders Association 526 C Shoup Avenue W., Twin Falls, ID 83301						
					No. 2						
ТО	BE FILED WITH:										
Ben Ysursa Secretary of State PO Box 83720					No. 3						
		ID 83720-0080 852 Fax: (208) 334-2	282	1	No. 4						

Item 4	Expenditures made by the lobbyist or by the lobbyist's en personal property to any Legislator, or for or on behalf of a					nployer in the nature of contributions of money or other tangible or intangible any legislator.					
	Date		Amount		Name of Legislator Receiving or Benefited						
Item 5 Subject (from to	table) Legislative Ident, Number		Resolution or other as supporting or of solution or Other	legislative activity in which	Code 01 02	LEGISLATIVE SUE  Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics	JBJECT IDENTIFICATION  Code Subject  17 Health service, medicine, drugs and controlled substances, healt insurance, hospitals				
			SB 1077		03	and sports	18	Higher education			
17 17			SB 1165		02 03 04 05 06 07 08 09 10 11	Amusements, games, athletics	19 20 21 22 23 24 25 26 27 28 29 30 31	Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
						Employer No. 1 signature	;	Date			
correct st	CATION atement	N: I here in accor	eby certify that the dance with Section	above is a true, complete and 67-6624 Idaho Code.		Employer No. 2 signature	;	Date			
	<del>**</del>	ζ.		1-24-4164		Employer No. 3 signature	:	Date			
<b>őbb</b> ýist	signatur	e		Date		Employer No. 4 signature	;	Date			